coverage adjusted for only age was significantly higher among American Indians (Table 2).

The primary source of health care benefits for most Americans is through employment.[25] American Indians have a slightly higher rate than whites of being employed for wages, yet they have a significantly lower rate of access to health care, indicating that American Indians in North Carolina have jobs with less health benefits. The Eastern Band of Cherokee tribe has access to Indian Health Service facilities, and therefore may have more access to health care than other tribes. However, the Eastern Band of Cherokee tribe constitutes only about 15 percent of North Carolina's American Indian population. We do not have tribal-level information on health care access among North Carolina American Indians.

Two overarching goals of Healthy people 2010 are to eliminate health disparities and to improve the quality of life among all Americans. Given the large health disparities between American Indians and whites in most of the health indicators and the lower quality of life among American Indians found in this study, we must enhance our efforts to improve access to preventive care and manage chronic diseases among American Indians.

There are some limitations to this study. First, telephone surveys are limited to persons living in households with telephones; thus, they may underrepresent groups such as the poor, those located in rural or inner city areas, and renters.[26] However, approximately 95 percent of households in North Carolina do have one or more telephones. Furthermore, post-stratification weights are used to help correct for any bias caused by non-telephone coverage. Second, estimates for American Indian adults were based on a relatively small sample size (434), making these estimates less reliable than the estimates for other two racial groups. Finally, the data are self-reported by the respondents, which may result in misreporting of certain health conditions.

This study has some strengths as well. First, all data were collected at the same time, with the same survey instrument and using the same survey protocols, making comparisons across racial groups more objective. Second, this is the first statewide study of American Indians in North Carolina that includes a wide range of health topics covering many areas of public health interest. And, finally, the current and future sample sizes of the North Carolina BRFSS will be large enough to provide regular updates of the health information presented in this study, which can be used to monitor American Indian health and evaluate health programs that target this population.

Conclusion

This study shows that North Carolina American Indian adults have significantly higher rates of chronic conditions and risk factors, less access to health care, and lower quality of life than whites. Seventeen of the 20 health indicators examined in this study showed a significant health disparity between American Indians and whites. Two broad goals of Healthy People 2010 are to eliminate health disparities and to improve the quality of life among all Americans. North Carolina needs to tailor health improvement programs to American Indians. The prevalence estimates provided in this study can serve as baseline information for designing and evaluating these programs. Also, the current and future sample sizes of the North Carolina BRFSS will be large enough to provide regular updates of the health information presented in this study.